

## PART B - FEE(S) TRANSMITTAL

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WARE FRESSOLA VAN DER SLUYS & ADOLPHSON, LLP  
 BRADFORD GREEN, BUILDING 5  
 755 MAIN STREET, P O BOX 224  
 MONROE, CT 06468

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01 FC:1501 1510.00 OP  
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Lisette Ramo (Depositor's name)  
 (Signature)  
 July 12, 2010 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/826,882 04/16/2004 Juha Rasanen 915-007.085 9884

TITLE OF INVENTION: PROTOCOL PARAMETER RE-NEGOTIATION AFTER CERTAIN TYPES OF NON-TRANSPARENT DATA CALL HANDOVERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	09/27/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
LAI, DANIEL	2617	370-342000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Alfred A. Fressola  
 Ware, Fressola,  
 2 Van Der Sluys & Adolphson  
 LLP  
 3

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Nokia Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Keilalahdantie 4  
 FIN-02150 Espoo, Finland

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

## 4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☐ Publication Fee (No small entity discount permitted)  
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-0442 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Typed or printed name Alfred A. Fressola

Date July 12, 2010

Registration No. 27,550

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